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**South Carolina Department of
Alcohol and Other Drug Abuse Services
(DAODAS)**

**Accountability Report
Fiscal Year 1997-1998**

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STATE DOCUMENTS

**Submitted
October 16, 1998**

October 16, 1998

Office of State Budget
Attention: Karen Amos
1122 Lady Street, 12th Floor
Columbia, South Carolina 29201

Dear Ms. Amos:

Per Sections 1-1-810 and 1-1-820 of the South Carolina Code of Laws, as amended, the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) herein transmits the Accountability Report for fiscal year (FY) 1998. This report details the department's mission, a description of programs and services, goals and objectives to accomplish the agency's mission through programming, and performance measures that describe results.

To comply with the 1998 Accountability Report Guidelines and requests from the House Ways and Means Committee, the department has submitted a document that outlines efforts to continually implement the agency management philosophy and strategic planning process. Both of these emphasize leadership, service to customers and attempts to achieve greater accountability.

The Mission Statement

The department's mission statement is reflective of an organization reaching out to meet the challenge of a dynamic health care environment. The provision of alcohol and other drug abuse services must be integrated with the provider community at-large. The DAODAS mission statement embodies this desire and provides a basis for DAODAS to move forward into the 21st century with a focus on the customer.

The current mission statement has been refined over several years as part of the department's strategic planning process. The management team, consisting of the department executive director, deputy directors, and other departmental directors, recently refined this mission statement while developing the new strategic plan for the coming millennium. Each year, the management team reviews the mission statement to ensure that it continues to reflect the agency's purpose.

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Program Objectives

To determine programmatic objectives, the DAODAS management team has decentralized the decision-making process to allow each program element to determine appropriate goals and objectives. DAODAS has also adopted nationally established patient placement criteria, which is based on the *American Society of Addiction Medicine's (ASAM) Patient Placement Criteria for the Treatment of Substance Abuse Disorders, 2nd Edition*. These criteria set overall objectives and specific standards per a prescribed level of service.

Varying levels of service are offered through DAODAS contract providers, which range from prevention services to early intervention services through outpatient services and medically monitored intensive inpatient services. The department has utilized ASAM criteria in many of these programmatic elements that assists in providing behavioral health care services in South Carolina.

Performance Measures

In a majority of programmatic areas included herein, DAODAS has stated performance measures as outputs. As of July 1, 1998, the department wholly implemented a new management information system (MIS) to improve the state's ability to track a client while undergoing treatment in the public alcohol and drug abuse system. This transition will yield more conclusive outcome measurements for the FY99 reporting year and provide a higher level of accountability.

Conclusion

The Department of Alcohol and Other Drug Abuse Services has, to the best of its ability, complied with the guidelines and directives as prescribed. Any questions regarding information included in the report should be directed to Stephen L. Dutton, Executive Assistant, at (803) 734-9676.

Sincerely,

Beverly G. Hamilton, MHSA, CHE
Director

BGH/sld

Executive Summary

Accountability Report for Fiscal Year 1997-1998

The use of alcohol, tobacco and other drugs affects South Carolinians of all ages and from all walks of life. Problems surface in our South Carolina homes, in our schools and workplaces, on our highways, in our health care system and in our criminal justice system. Many of these problems are identified as being a direct result of substance abuse; many, however, are not. This is, in part, due to societal acceptance. There is also a reluctance or inability to correlate social and physical problems that are the result of substance abuse. Because of this, the excess health care and medical costs associated with the use and abuse of alcohol and other drugs in South Carolina total approximately \$195 million a year.

For these reasons, the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) offers a variety of prevention, intervention and treatment services in an effort to reduce problems among the general public. Services are offered for the universal population, while some programs/interventions are designed to address the needs of high-risk groups. Because no segment of society is immune to problems caused by the use of these substances, the department strives to develop and implement cost-effective, collaborative services to reach all South Carolinians.

Major Program Goals

Research has proven that the disease of addiction is both preventable and treatable. As such, DAODAS seeks to ensure the availability of a comprehensive array of alcohol and other drug abuse services through 34 county alcohol and drug abuse authorities (direct service providers with which DAODAS contracts for services covering the 46 counties). In addition, the department continues collaboration with other agencies and organizations to provide services for specific populations, including women, children and incarcerated juvenile offenders. The county authorities serve as the core of the DAODAS provider network and deliver three specific types of services along the following continuum of care: (1) prevention; (2) intervention; and (3) treatment.

Prevention services are designed to avoid the development of problems related to the use of alcohol and other drugs among the general public and specific high-risk groups. Services are implemented in schools and communities throughout South Carolina

Intervention programs work through existing systems to identify individuals who are at risk of experiencing specific problems and to provide educational and treatment services as needed.

Treatment services are designed to stop the disabling effects of alcohol and other drug abuse and/or dependence and to prevent their recurrence. Specific services range from outpatient treatment, which is available in every county, to specialized treatment services. Specialized services are available on a county, regional or statewide basis.

Strategic Planning/Leadership System

In an attempt to improve the delivery of services at both the state and local levels, DAODAS has taken several steps in recent years to refine program operations and focus on providing high-quality alcohol and other drug abuse services. These steps include: (1) strategic planning, (2) annual site visits, and (3) state licensing and national accreditation.

Beginning in 1994, the department initiated a **strategic planning process** to meet the challenges of a changing behavioral health care field. Strategic planning is a continuous quality improvement process that relies on input from stakeholders at various levels, including providers, private concerns, other state agencies and technological resources. A "team concept" is at the heart of this process, which the department adopted to reinforce its strengths and to take advantage of the opportunities afforded by the changing field of behavioral health care. Overall, this process has provided DAODAS and its local providers with a means to develop a course of action for the future, to set clear values, to define critical issues, and to set realistic goals and objectives to address those critical issues (see Appendix A for Strategic Plan Outline).

In 1996, the department initiated **annual site visits** to each of its local providers as a method of measuring performance, ensuring accountability, and identifying customer needs. The system allows the department to visit 100 percent of its local providers each year with a multidisciplinary team that utilizes checklists to rate systems, processes, and to review performance outcomes.

In the first year (FY97) of site visits, teams rated 19 key systems indicators on a "Yes/No" basis with the "No" ratings used to determine the areas of greatest need for improvement. The FY97 results were used to refine the site visit checklists for the next year (FY98), which included changing to a five-point Likert scale to better define problem areas and to drive training needs for the system (see Appendix B for FY97 Top Areas for Improvement). FY98 results are currently being compiled and will be compared to the FY97 benchmarks as a method of determining system progress and necessary action plans. Trending information is also being identified. The site visit process is affording DAODAS the mechanisms needed to set strategies, develop action plans, and to implement change emphasizing performance measures and benchmarks.

In an effort to ensure the delivery of quality care at the local level, all 34 of the state's county alcohol and drug abuse authorities are **licensed** by the South Carolina Department of Health and Environmental Control (DHEC). These 34 providers are also nationally **accredited** by CARF: The Rehabilitation Accreditation Commission, a nationally recognized authority on, and promoter of, quality services for people with disabilities. In 1997, South Carolina became the second state in the nation to achieve national accreditation for the entire statewide public alcohol and other drug service-delivery system and the first state in which all providers achieved accreditation on their first attempt.

Requiring state licensure and national accreditation is an integral part of this department's overall strategy to raise standards of providers in an effort to ensure that federal and state funded substance abuse services are delivered in a high quality manner.

Customer Focus

DAODAS continues to emphasize customer and stakeholder focus using the principles of total quality management (TQM), an integrated strategic planning system for achieving customer-focused services. The strategic planning process has created an avenue through which stakeholders can provide input regarding the department's direction over the next three years. Two of the six critical issues within the new strategic plan address customer focus (see Appendix A for Strategic Plan Outline). This will improve the department's ability to serve as an effective leader in the policy arena. DAODAS has identified its customers to include the actual consumers of services and their family members, contract providers, other state agencies with common clients, state and federal officials, and the South Carolina citizenry at large.

The annual site visits have provided DAODAS with a valuable opportunity to learn the concerns of local providers firsthand. A customer feedback survey is included as part of the site visit report package that each local provider receives after the site visit is completed. The local provider is encouraged to rate DAODAS on its effectiveness during the site visit. A comparison of the FY97 and FY98 Site Visit Customer Feedback Surveys has recently been completed and indicates that local providers consider site visits to be of assistance (see Appendix C for Site Visit Customer Feedback Survey Comparison). DAODAS has utilized this instrument to make changes where appropriate in the site visit process and to address the implementation of policies statewide.

Customer satisfaction/focus must be a primary concern to maintain national accreditation, which all 34 of the county alcohol and drug abuse authorities have been able to do to date. Accreditation standards set minimum levels of performance in areas such as client surveys, community needs assessments, and outcome measurement. Each county authority must analyze the customer data and produce a management report that indicates any changes made in practices or policies as a result of the analysis. DAODAS reviews the management reports each year during its annual site visit process and provides technical assistance as needed.

DAODAS has also implemented a new consumer complaint policy that provides a procedure for effectively resolving issues of concern brought to the department by any citizen or service provider (See Appendix D for Complaint Policy). The Alcohol and Drug Safety Action Program (ADSAP), which is one of the most widely used local programs certified by this department, operates an arbitration and appeals system, which is separate from the agency consumer complaint policy.

Outcomes/Business Results

Annual site visits have been extremely helpful in determining areas where local service providers need administrative, programmatic or financial improvement. FY97 site visits indicated the top areas for improvement in FY98 as follows:

- 1) Outcome Evaluation -- Use of data in management reports to drive decision-making.
- 2) Contractual Compliance -- Accurate reporting of financial data to DAODAS.
- 3) Case Review -- Thoroughness of assessments.

DAODAS provided technical assistance during the FY98 site visit process to address the above concerns. The FY98 surveys are now being compiled to address areas of need for FY99.

Performance measures, included in this report, document the quantity of the work achieved during the reporting period, primarily in terms of outputs such as client caseloads and service volume. However, outcome data is included where possible, though limited at this time. Improvement in this area is a major objective for DAODAS during FY99 (see Appendices A and B). To assist in improving outcome evaluation processes for itself and its local providers, DAODAS implemented a new management information database in FY98. As a result of the new system, local providers are beginning to provide DAODAS with data that should allow the department to produce more outcome-oriented reports in the future.

Benchmarks are included where identified, as are key business drivers. Both benchmarks and key business drivers contribute to the agency's success in meeting its goals and objectives. In addition, financial returns are included where a cost-benefit analysis has been completed. Collaborative partners also play a major role in DAODAS results. Each partner serves as an invaluable resource, whether financial or programmatic, and are identified herein.

Interagency Collaboration

DAODAS works with numerous agencies and organizations to develop and implement interagency collaborative efforts to reach individuals and families who are typically served by other existing organizations but who still experience the effects of alcohol and other drug abuse. For example, during FY98, the department worked extensively with the South Carolina Department of Social Services and the State Attorney General's Office to address policies and procedures regarding services for drug-impaired infants and their mothers. This collaborative effort has led to a statewide protocol to emphasize treatment for this population.

The department continued efforts to provide treatment services to juvenile offenders in conjunction with the South Carolina Department of Juvenile Justice. The department also established a project with the South Carolina Recreation and Parks Association to provide training for coaches of youth sports leagues as a way to promote alcohol, tobacco, and other drug-free sports activities for young people in South Carolina.

DOADAS also works extensively with the Department of Health and Environmental Control to implement HIV and TB services for the substance abusing population. This partnership includes working to ensure that Methadone clinics follow licensure standards as required in regulation.

DAODAS maintains a partnership with the South Carolina Department of Health and Human Services to ensure the delivery of appropriate alcohol and other drug abuse inpatient and outpatient treatment services for the state's Medicaid-eligible population. This partnership represents the agency's managed care effort.

Ranking Criteria

The department believes that each program aimed at building a comprehensive system of prevention, intervention and treatment is of top priority. Each year, DAODAS utilizes the strategic planning process along with available in-house research to accomplish the above. Programs are then ranked within the three broad service areas the service continuum: prevention – intervention - treatment.

The FY99-2001 strategic plan will continue to be reviewed on an annual basis, which will allow for ranking adjustments as needed. The strategic planning process represents the department's determination, as the state authority for alcohol and other drug abuse services, to evolve into a stronger, more effective organization for the citizens of South Carolina.

Mission Statement

DAODAS continued during FY98 to work toward its mission of providing a wide range of services to meet the needs of the state's residents. Following is the department's mission statement as of July 1998:

Mission Statement

Through a comprehensive system of alcohol, tobacco and other drug abuse prevention, intervention and treatment providers, the South Carolina Department of Alcohol and Other Drug Abuse Services will ensure the highest quality community-based prevention, intervention, assessment and referral services. We will assure access to a continuum of quality care that achieves the best outcomes for all people in South Carolina.

Core Values

To address the diverse and widespread nature of alcohol and other drug problems facing South Carolinians today, the department holds these core values as central to its decision-making processes:

- ✓ *Addiction is a disease . . . and is treatable.*
- ✓ *Prevention of addiction is society's most cost-effective approach in terms of human costs.*
- ✓ *We believe that individuals in South Carolina are important and that care should be individualized.*
- ✓ *All decisions should be fair and benefit the citizens of South Carolina.*
- ✓ *First, do no harm!*
- ✓ *We hold ourselves and others accountable.*
- ✓ *Services should be easily accessible and timely and delivered by qualified professional staff.*
- ✓ *People must be treated with dignity and respect.*
- ✓ *The most effective services engage the family of the addicted person in the recovery process.*
- ✓ *Resources must be used to provide maximum benefit for people.*
- ✓ *Partnerships are essential in accomplishing our mission.*
- ✓ *Within resource limitations, we desire to provide a complete continuum of care for all South Carolinians.*
- ✓ *We want to be an organization that is flexible and progressive in providing quality, state-of-the-art services to our citizens.*

Description of Programs

Note: In this report, the Program Cost sections for each program captures only direct expenditures. Hence, indirect costs such as salary and fringe may not be included since an employee's duties may cross over several different programs. However, if employees are assigned to a specific program with no other duties, then salary and fringe are included.

PRIORITY AREA: Prevention Services

Prevention encompasses all efforts to assist individuals and families to avoid the development of serious social, economic and health problems associated with the use and abuse of alcohol, tobacco and illicit drugs. Among the priority services funded by DAODAS to reach the general public and designated high-risk groups throughout South Carolina, are programs targeting children and youth, families, and the community at-large. Prevention services are targeted as key business drivers.

PROGRAM NAME	<i>Children/Youth-Focused Prevention</i>
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DESCRIPTION

Because early intervention is critical in preventing the onset of alcohol, tobacco and other drug (ATOD) use, programs geared directly toward children and youth are given high priority among the department's prevention services. The best of these programs employ a wide variety of strategies that have been demonstrated through prevention research to produce immediate, promising or long-term results in substance abuse prevention. Such strategies emphasize: (1) interactive teaching methodology; (2) perception of risk; (3) normative education; (4) media literacy/counter-advertising; (5) youth leadership development; (6) positive adult mentoring; and (6) healthy lifestyle choices in alternative settings. Participating youth learn to avoid drug use themselves, while they develop leadership skills that help them become a positive influence on their peers.

During FY98, the department supported four major programs that were engineered specifically to address ATOD prevention directly with children and youth. The ***South Carolina Teen Institute (TI) for Alcohol and Other Drug Abuse Prevention*** is operated as a year-long program that begins in the summer with an intensive, interactive week of training for teams of high school students and their adult advisors. These students are prepared to develop and implement local youth-focused ATOD prevention programs when they return home. The *Youth Prevention Initiatives (YPI)* grant program is designed to fund proposals for programs that are youth-planned and youth-implemented in their schools and communities.

Teams of students are involved each year in implementing hundreds of local ATOD prevention activities that potentially affect thousands of their peers, adults and others in the community. The ***Drug Abuse Resistance Education (D.A.R.E.)*** program continues to be implemented in many upper elementary schools

throughout South Carolina. Experienced law enforcement officers deliver this school-based program through a highly structured, 17-hour curriculum.

In addition, the department provided funding to the South Carolina Recreation and Parks Association for a new statewide program known as ***Project K²IDS (Keeping Kids Involved In Drug-Free Sports)***. Through this partnership, a unique prevention program was designed to encourage the sponsors of youth-oriented recreational facilities to promote a healthy and positive sports environment by having alcohol- and tobacco-free events, and to provide training to youth coaches that encourages them to not use these substances around their young athletes.

PROGRAM COST

During FY98, children and youth-focused prevention programs were supported directly by state Education Improvement Act (EIA) funds appropriated through the General Appropriations Act and other state funds received from the South Carolina Department of Education. Federal funds were allocated to South Carolina through the Substance Abuse Prevention and Treatment (SAPT) Block Grant and the Safe and Drug-Free Schools and Communities (SDFSC) Act.

\$172,442	EIA
10,000	Other State
109,037	Federal Block Grant
<u>164,708</u>	SDFSC Act
\$456,187	Total Program Cost

PROGRAM GOAL

To reduce the problems associated with substance abuse by decreasing the likelihood that children and youth of South Carolina will use, abuse and eventually become addicted to alcohol, tobacco and other drugs.

PROGRAM OBJECTIVES

- 1) To provide proven and effective prevention programs that reach children and youth throughout the state.
- 2) To engage young people in the development and implementation of youth-oriented prevention initiatives that enable them to influence other youth to avoid drug-taking behavior.
- 3) To provide a variety of settings for youth to gain information about the negative consequences of ATOD use, and to develop positive attitudes and behaviors regarding high-risk behavior.

PERFORMANCE MEASURES

During FY98, a minimum of 245,000 children and youth received services through these prevention programs (*output*). Based on year-end program reports from local providers, the majority of program objectives were met during FY98 (*outcomes*). Long-term program effectiveness and overall impact are compared with statewide

and county trends of drug use and perceived risk among youth, and these indicator data are used to develop program goals.

PROGRAM NAME	<i>Youth Access Prevention Initiatives</i>
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DESCRIPTION

The availability and ease of access to drugs, in particular alcohol and tobacco, is an important risk factor that is associated with use among youth ages 12 to 21. Underage access and use of these drugs continues to be a problem throughout South Carolina.

Of significant impact to funding the department's prevention, intervention and treatment services is the ongoing ***Synar Youth Access to Tobacco*** program. This program is mandated for all state alcohol and other drug authorities through Section 1926 of Public Law 103-321, the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) Reorganization Act. States must reduce the level of access that children and youth have to tobacco products through enforcing state statutes prohibiting the sale of tobacco products to persons under age 18 and through an annual study measuring the level of compliance to those statutes.

During FY98, DAODAS provided funding for the South Carolina Department of Public Safety to purchase computerized equipment that enabled the Division of Motor Vehicles to design two special color-coded driver's licenses for youth, one for drivers under the age of 21 and one for drivers under the age of 18. When a driver's license is requested by a retailer for identification of age, the merchant can determine whether the individual is of legal age required to purchase either alcohol or tobacco products. This was an important initiative to help South Carolina businesses comply with the state statutes regulating the sales of these products to underage individuals.

PROGRAM COST

During FY98, youth access prevention programs were supported by federal funds allocated to South Carolina through the SAPT Block Grant.

\$154,844

Total Program Cost

PROGRAM GOAL

To reduce the level of access that children and youth have to alcohol and tobacco products through retail establishments and other means of purchase or possession.

PROGRAM OBJECTIVES

- 1) To measure on an ongoing basis the level of access that children and youth have to tobacco products.
- 2) To provide information, training and support to businesses that sell alcohol and tobacco as a means of increasing compliance with current statutes prohibiting the sale of these substances to underage youth.

- 3) To encourage the active enforcement throughout South Carolina of statutes prohibiting the sale of alcohol and tobacco to underage youth.

PERFORMANCE MEASURES

During FY98, DAODAS conducted its fifth annual *Youth Access to Tobacco Study* by completing 4,407 investigations of attempted illegal tobacco purchases by underage youth (*output*). The rate of underage tobacco sales has dropped significantly from 63 percent, when the department conducted the first study in 1994, to the 1998 rate of 25 percent (*outcome*). South Carolina's goal is to reach a rate of tobacco sales to minors of no more than 20 percent by the year 2001.

This program partners with South Carolina retailers by providing training and support to increase overall compliance with the state's tobacco sales statutes. The resulting success (*outcome*) is measured by the decreased ability of children and youth to purchase tobacco products through retail outlets or vending machines.

PROGRAM NAME	<i>Family-Focused Prevention</i>
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DESCRIPTION

While peer pressure is a primary factor in teens using drugs, prevention research shows that parental and family influence is the single most significant factor in teens who *do not* use drugs. In addition, campaign messages using counter-advertising strategies have been shown to be effective in combination with other community prevention programming. During FY98, DAODAS launched the *SC PREVENTS* campaign with pro-family and anti-drug messages broadcast through radio, television and the print media.

PROGRAM COST

The *SC PREVENTS* campaign was supported during FY98 through federal funds allocated to South Carolina through the SAPT Block Grant.

\$384,750

Total Program Cost

PROGRAM GOAL

To change drug-related attitudes and behaviors among South Carolina families with children ages 10 to 17.

PROGRAM OBJECTIVES

- 1) To increase awareness among youth and parents of the risks associated with alcohol, tobacco and other drug use and abuse.
- 2) To increase positive feelings among youth about avoiding alcohol, tobacco and illicit drugs.
- 3) To increase awareness among parents of how important they are – and more specifically, what they can do – to protect their children from drug abuse.

PERFORMANCE MEASURES

During FY98, the department delivered a variety of ATOD prevention informational items to individuals and families throughout South Carolina as part of the SC *PREVENTS* campaign.

Public service messages were disseminated throughout the state through television stations, radio stations and newspapers; and outdoor public service messages were posted at 100 locations (*output*). Specific requests for information were received through the 1-888-SC *PREVENTS* toll-free telephone number, two Internet sites to access printed informational materials and referrals to local prevention and treatment resources, and a campaign "kit" for parents and youth (*outcome*). Other measures of program effectiveness will be gathered through a pre- and post-campaign evaluation effort.

PROGRAM NAME	<i>Community-Based and Collaborative Prevention</i>
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DESCRIPTION

Through a statewide and comprehensive system of primary prevention programming, the state focuses on collaboration, planning, implementation and evaluation of programs that are known to reduce risk factors and to enhance protective factors that prevent alcohol, tobacco and other drug problems. The majority of ATOD prevention in South Carolina is accomplished through programs operated directly within communities throughout the state.

During FY98, numerous community-based prevention programs were provided through collaborative contracts between DAODAS and the county alcohol and drug abuse authorities, healthcare providers, public and technical schools, colleges and universities, churches and religious organizations, law enforcement agencies, local community coalitions, and other state and local groups.

Successful prevention programs were provided to individuals, families, and communities through partnerships with agencies and organizations. This includes the South Carolina School for the Deaf and the Blind, the Council on Child Abuse and Neglect, South Carolina Department of Education, South Carolina Primary Prevention Institute, South Carolina Association of Prevention Professionals and Advocates, Safe Haven Program of Charleston, University of South Carolina School of Medicine, South Carolina State University, South Carolina and Southeastern Schools of Alcohol and Other Drug Studies, and local church groups. These partners have significantly contributed to the agency's mission.

PROGRAM COST

Community-based and collaborative prevention programs were supported during FY98 through federal funds allocated to South Carolina through the SAPT Block Grant, the SDFSC Act, the U.S. Department of Health and Human Services, and the Kansas Department of Social and Rehabilitative Services.

\$2,055,909	Federal Block Grant
1,122,859	SDFSC Act
<u>87,880</u>	Other Federal
\$3,266,648	Total Program Cost

PROGRAM GOAL

To reduce the incidence and prevalence of alcohol, tobacco, and other drug problems among the citizens of South Carolina.

PROGRAM OBJECTIVES

- 1) To increase the likelihood that individuals will delay the first use of alcohol until age 21, and to prevent the use of tobacco and illicit drugs.
- 2) To reduce the social, economic and health costs of problems associated with the use and abuse of alcohol, tobacco and other drugs in South Carolina.
- 3) To promote overall the health and wellness of families and individuals, and the economic health and growth of communities throughout South Carolina.

PERFORMANCE MEASURES

During FY98, 373,240 individuals participated in more than 8,000 community-based and collaborative prevention activities coordinated by the county alcohol and drug abuse authorities and other community organizations (*output*). Output measures are reported to DAODAS through the Prevention Activities and Resource Management System (PARMS) data collection system. Measures of effectiveness (*outcomes*) are gathered through an Impact Evaluation Form. Based on year-end program reports from local providers, the majority of program objectives were met during FY98 (*outcomes*). Long-term program effectiveness and overall impact are compared with statewide and county trends of drug use and perceived risk among youth, and these indicator data are used to develop program goals.

PRIORITY AREA: Intervention Services

The department continued to work through existing systems (criminal justice, health, education, etc.) to identify individuals who are at risk of experiencing problems related to their use of alcohol and other drugs and to provide educational, early intervention and treatment services as needed for these populations. Specific intervention programs continued during FY98 include the Alcohol and Drug Safety Action Program, the School Intervention Program, several services for adult criminal offenders, and the HIV and TB early intervention services.

PROGRAM NAME	<i>Alcohol and Drug Safety Action Program (ADSAP)</i>
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DESCRIPTION

All individuals whose driver's licenses are suspended because of a conviction under any of the driving under the influence (DUI) statutes in South Carolina must enroll in and successfully complete an Alcohol and Drug Safety Action Program (ADSAP)

before re-licensing by the South Carolina Department of Public Safety. ADSAP is available in every county of the state and works with the DUI offender in an effort to reduce the incidence of DUI in South Carolina. The program consists of services to help the offender avoid future problems related to impaired driving and substance use. In addition, interstate case management services are provided for individuals who are convicted of DUI with permanent residence in another state or South Carolina residents who work or attend school out-of-state.

PROGRAM COST

This program was supported during FY98 by a combination of state funds appropriated through the General Appropriations Act and federal funds allocated to South Carolina through the SAPT Block Grant.

\$483,678	State Appropriations
<u>176,433</u>	Federal Block Grant
\$660,111	Total Program Cost

Note: These funds were allocated to the 27 of the state's 34 county authorities for discretionary use in ADSAP programming.

PROGRAM GOAL

To improve highway safety by providing assessment, education, intervention and treatment services for DUI offenders focusing on DUI risk reduction.

PROGRAM OBJECTIVES

To promote behavioral and attitudinal changes among DUI offenders regarding substance use and driving while impaired.

PERFORMANCE MEASURES

During FY98, there were 9,392 new entries into the ADSAP system. The county authorities provided 14,063 hours of assessment services and 111,232 hours of ADSAP curriculum service (*output*). DAODAS has identified the ADSAP program as a key business driver.

PROGRAM NAME *School Intervention Program (ScIP)*

DESCRIPTION

The School Intervention Program (ScIP) provides intensive therapeutic counseling services to students who are at risk of alcohol and other drug abuse. ScIP is targeted primarily toward high-risk students in grades 7 through 12 who are identified through the school system. The program provides intervention and treatment services to address a wide range of personal or behavioral problems at an early stage in problem development.

PROGRAM COST

ScIP services delivered during FY98 were supported by a combination of state Education Improvement Act (EIA) funds and other state funds appropriated through the General Appropriations Act and federal funds allocated to South Carolina through the Substance Abuse Prevention and Treatment (SAPT) Block Grant.

\$ 929,735	EIA
81,380	State Appropriations
<u>313,342</u>	Federal Block Grant
\$1,324,457	Total Program Cost

PROGRAM GOAL

To provide intense therapeutic services for adolescents to increase their likelihood of adapting and functioning successfully in the school and in the community at-large.

PROGRAM OBJECTIVES

- 1) To reduce the use of alcohol and other drugs.
- 2) To reduce high-risk sexual activity associated with teenage pregnancies and sexually transmitted diseases (STDs), including HIV/AIDS.
- 3) To reduce violent behavior.
- 4) To improve life skills.

PERFORMANCE MEASURES

During FY98, 2,749 adolescents were admitted to services (*output*). This number does not include those who were already in service at the beginning of the fiscal year.

PROGRAM NAME	<i>Services for Adult Criminal Offenders</i>
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DESCRIPTION

Several programs emphasize the intervention and treatment of adult criminal offenders who are experiencing alcohol and other drug abuse problems:

Offender-Based Intervention (OBI) Programs provide services for individuals who are referred to the county alcohol and drug abuse authorities as the result of an alcohol or other drug or other related arrest, excluding DUI. Referrals are made to the programs as a condition of sentence, probation or parole and at other points in the criminal justice process. Continuing care services are also provided to clients completing residential addictions treatment programs within the correctional system and returning to the community.

Drug Treatment Courts provide intervention and treatment under judicial supervision to non-violent criminal offenders who have drug abuse problems. The department placed special emphasis this year on efforts to expand its support of Drug Treatment Courts by providing technical assistance to judicial districts

interested in planning or developing these programs. Drug Treatment Courts have been identified as a benchmark in Governor Beasley's Health and Human Services Plan for 1998.

New Connections, a program jointly operated with the South Carolina Department of Corrections (SCDC), provided 200 beds for residential addictions treatment services at the Manning Correctional Institution until the federal grant from the Center for Substance Abuse and Treatment (CSAT) ended in September 1997. Subsequently funding was assumed by SCDC, and the program was moved to the Lee Correctional Institution.

PROGRAM COST

These programming efforts were supported during FY98 by a combination of state funds appropriated through the General Appropriations Act and federal funds allocated to South Carolina through the SAPT Block Grant and CSAT.

\$ 85,877	State Appropriations
180,735	Federal Block Grant
57,898	SCDC Grant
<u>103,154</u>	CSAT Grant
\$427,664	Total Program Cost

PROGRAM GOAL

To provide alcohol and other drug treatment and case management services for individuals who are referred through the criminal justice/correctional system.

PROGRAM OBJECTIVES

- 1) To provide appropriate treatment for substance abusing criminal offenders and their families whom are referred from the criminal justice system.
- 2) To support the development of Drug Treatment Courts to all judicial districts in the state.
- 3) To provide continuing care services for offenders who are discharged from residential addictions treatment programs located in correctional settings.

PERFORMANCE MEASURES

During FY98, 5,303 individuals were admitted to services through **OBI Programs** operated by the county alcohol and drug abuse authorities (*output*). This number does not include those who were already in service at the beginning of the fiscal year.

There are five **Drug Treatment Courts** presently operating in South Carolina. Specifically, Juvenile Drug Courts are located in Richland and Charleston counties, and Adult Drug Courts are located in Richland and Lexington counties and one serving McCormick, Edgefield, and Saluda counties. Outcome data is pending.

Upon return to the community, participants who successfully completed *New Connections* had a lower re-arrest rate than did program dropouts (21% versus 25%, respectively, who were re-arrested) (*outcome*). These individuals also adjusted better under parole supervision than did program dropouts (48% versus 65%, respectively, who had parole violations)(*outcome*). Of participants who remained in SCDC custody, the participants who successfully completed had much less disciplinary problems than did program dropouts (8 cites versus 78 cites)(*outcome*).

PROGRAM NAME *HIV and TB Early Intervention Services*

DESCRIPTION

Federal requirements of the Substance Abuse Prevention and Treatment (SAPT) Block Grant require states to provide for human immunodeficiency virus (HIV) and tuberculosis (TB) treatment and early intervention services to the substance abusing population. DAODAS contracts with the South Carolina Department of Health and Environmental Control (DHEC)'s HIV/AIDS Division to provide HIV early intervention services for clients in the alcohol and other drug abuse system who are identified as high-risk or who have been diagnosed with HIV infection. In addition, DAODAS supported prevention, early intervention and treatment services for individuals whose use of alcohol and other drugs puts them at risk of acquiring TB. Funding was provided to the 34 county authorities to purchase TB testing services from the county health departments.

PROGRAM COST

HIV and TB services were supported during FY98 by federal funds allocated to South Carolina through the Substance Abuse Prevention and Treatment Block Grant.

\$637,115	Federal Block Grant (Treatment)
<u>122,609</u>	Federal Block Grant (Prevention)
\$759,724	Total Program Cost

PROGRAM GOAL

To ensure the availability of HIV and TB services throughout the state for all South Carolinians in need.

PROGRAM OBJECTIVES

- 1) To ensure that HIV early intervention services are provided throughout the state in locations that are accessible to all South Carolinians.
- 2) To ensure that TB testing services are available for all clients in the alcohol and other drug system who demonstrate a high-risk of contracting this disease.

PERFORMANCE MEASURES

As a result of the collaborative DAODAS and DHEC HIV Early Intervention Services Contract, the following services were provided during FY98:

- 1) Treatment services were provided to 1,449 alcohol and drug abuse clients through the Ryan White Aids Consortia. The county alcohol and other drug abuse authorities referred 81 clients to local health departments for HIV counseling and testing services. County authorities also identified and referred 17 clients for TB testing and evaluation. *(outcome)*
- 2) DHEC provided HIV counseling and testing services to 35,809 clients. Of this number, 326 clients indicated injecting drug use as a risk factor. Of these 326 clients, 48 tested positive for HIV. *(outcome)*
- 3) Through the Antiretroviral Drug Assistance program, 407 clients received medical support. Through the various outreach efforts provided by the project coordinators, more than 19,141 citizens received information on HIV risk reduction behaviors. *(outcome)*

PRIORITY AREA: Treatment Services

The department placed major emphasis in FY98 on a variety of treatment services. Three high-priority populations include: (1) women; (2) adolescents; and (3) incarcerated juvenile offenders. Therapeutic alcohol and other drug abuse services for juvenile substance abusers are benchmarks for success as identified in Governor Beasley's Health and Human Services Plan for 1998.

PROGRAM NAME *Outpatient Treatment*

DESCRIPTION

Outpatient treatment is available throughout the state for individuals and families who are suffering from problems related to their use of alcohol and other drugs. The least restrictive of all the services provided by the county authorities, traditional outpatient treatment includes assessment and referral, individual and group counseling, family counseling, case management and crisis management services. Outpatient treatment services are designed to treat the individual's level of problem severity and to achieve permanent changes in his/her alcohol and other drug-using behavior.

PROGRAM COST

Outpatient treatment services delivered during FY98 were supported by a combination of state funds appropriated through the General Appropriations Act and federal funds allocated to South Carolina through the Substance Abuse Prevention and Treatment (SAPT) Block Grant.

\$2,264,353	State Appropriations
<u>4,460,956</u>	Federal Block Grant
\$6,725,309	Total Program Cost

PROGRAM GOAL

To provide a comprehensive and accessible array of community-based treatment services for individuals who are experiencing personal and/or family problems as a result of alcohol and other drug use.

PROGRAM OBJECTIVES

- 1) To provide individualized assessment-based services in an outpatient clinical setting for individuals and family members.
- 2) To provide continuing care services for individuals following their release from more intensive residential or inpatient treatment facilities.
- 3) To provide a comprehensive array of outpatient services to help individuals reclaim their lives and return to an acceptable level of productivity.

PERFORMANCE MEASURES

During FY98, 249,500 hours of outpatient treatment services were delivered through the county alcohol and drug abuse authorities (*output*). The delivery of outpatient services is a key business driver for DAODAS.

PROGRAM NAME	<i>Intensive Outpatient Treatment</i>
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DESCRIPTION

Intensive outpatient (IOP) treatment provides a minimum of nine hours per week of structured day or evening treatment. These programs offer essential education and treatment components while allowing clients to apply newly acquired skills within "real world" environments. Twenty-six county authorities are currently approved to deliver IOP services. Four IOPs are dedicated exclusively to serving adolescents.

Note: IOP services exclusively for women are treated as a separate program component listed infra under "Treatment Services for Women and Dependent Children."

PROGRAM COST

IOP services delivered during FY98 were supported by a combination of state funds appropriated through the General Appropriations Act and federal funds allocated to South Carolina through the SAPT Block Grant.

\$ 299,502	State Appropriations
<u>1,060,066</u>	Federal Block Grant
\$1,359,568	Total Program Cost

PROGRAM GOAL

To provide intensive, yet cost-effective, outpatient services to individuals who are in need of more extensive services than are offered through traditional outpatient counseling.

PROGRAM OBJECTIVES

- 1) To provide an intensive treatment program for individuals who have the support

systems in place that allow them to remain at home while receiving treatment for problems related to their use of alcohol and other drugs.

- 2) To provide a safe, supportive environment for individuals to begin the recovery process.
- 3) To provide services to include group and family counseling, life skills development and orientation to self-help groups.

PERFORMANCE MEASURES

During FY98, a total of 132,454 hours of IOP services were delivered statewide (*output*). This number includes the IOPs that exclusively serve women and adolescents. The delivery of IOP services is a key business driver.

<i>PROGRAM NAME</i>	<i>Treatment Services for Women and Dependent Children</i>
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DESCRIPTION

A comprehensive array of treatment services for women and their dependent children were available in several locations of the state. There are currently 10 intensive outpatient programs (IOPs) that are exclusively for women. In addition, the department supported three long-term residential treatment programs and a halfway house for this population. These treatment programs maintained a capacity of 50 beds specifically for women, with three sites allowing women to bring a limited number of dependent children into treatment. The department also provided support for specialized treatment services for children. Five local agencies provided intensive in-home services for families who are experiencing problems related to the use of alcohol or other drugs and where there is imminent danger that a child will be removed from the home.

PROGRAM COST

Women's services delivered during FY98 were supported by a combination of state funds appropriated through the General Appropriations Act and federal funds allocated to South Carolina through the SAPT Block Grant.

\$ 5,922	State Appropriations
<u>2,078,856</u>	Federal Block Grant
\$2,084,778	Total Program Cost

PROGRAM GOAL

To increase a woman's likelihood of recovery, reduce her risk of relapse and facilitate her successful reentry into the community by offering comprehensive, women's-oriented treatment services for problems related to her use of alcohol and other drugs.

PROGRAM OBJECTIVES

- 1) To identify women in need of services and encourage their involvement in individualized treatment; to provide services for women that place special emphasis on their unique treatment needs and to provide a family-centered approach to the treatment of women and their dependent children.
- 2) To provide a safe, supportive living environment for pregnant and postpartum women, their infants and children to assist them in beginning the process of recovery; to provide an environment in which women can learn and practice more effective parenting skills; to reduce a woman's risk of relapse and to facilitate her families' successful reentry into the community following completion of a more structured treatment regimen.
- 3) To intervene in families where there is imminent danger that a child will be removed from the home in order to assist in preserving the family unit and providing necessary treatment services.
- 4) To provide a therapeutic learning environment for children of mothers who are experiencing problems related to their use of alcohol or other drugs.

PERFORMANCE MEASURES

During FY98, 8,392 women were admitted to services through the county alcohol and drug abuse authorities (*output*). This number does not include women who were already in services at the beginning of the fiscal year. Of the women receiving services, 847 received treatment through the specialized women's IOPs. A total of 17,875 days of long-term care were provided through the five women's residential treatment programs (*output*). In addition, the county authorities provided 32,534 hours of therapeutic child care services (*output*) and 4,669 hours of intensive in-home services (*output*).

Note: These measures include women's residential treatment services delivered at the Chrysalis Center in Florence, which was not directly funded through DAODAS.

PROGRAM NAME	<i>Specialized Outpatient Treatment -- The Bridge</i>
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DESCRIPTION

This program provides transitional services for adolescents who are preparing to leave alcohol and other drug inpatient treatment, juvenile justice facilities or other residential settings in order to return home to their families and communities.

By providing a gradual "step down" transition from an institutional setting, the program works with both adolescents and their families to increase the chances of a successful return home and to reduce the risk of recidivism.

PROGRAM COST

During FY98, ***The Bridge*** was supported by a combination of state funds appropriated through the General Appropriations Act and federal funds allocated to South Carolina through the SAPT Block Grant.

\$309,776
147,731
\$457,507

State Appropriations
Federal Block Grant
Total Program Cost

PROGRAM GOAL

To increase the chances of an adolescent's successful reintegration into the home and the community following release from an inpatient, juvenile justice or residential treatment setting in an effort to reduce the likelihood of recidivism.

PROGRAM OBJECTIVES

- 1) To reduce the recurrent use of alcohol, tobacco and other drugs.
- 2) To reduce juvenile incarceration and recidivism.
- 3) To reduce school dropouts.
- 4) To reduce re-admission to inpatient treatment facilities.
- 5) To improve life skills through positive recreational development, employment and vocational instruction.

PERFORMANCE MEASURES

Performance measures for *The Bridge* fell into three areas, all dealing with *outcomes*. At the end of FY98, the re-incarceration rate for all graduates of the program was 12.1 percent. The 12-month re-incarceration rate for graduates was even lower at 11.7 percent.

As of June 30, 1998, use had decreased among all participants; 75 percent of all graduates were abstinent at the time of graduation. Only 7 percent of all clients served have returned to public inpatient treatment facilities.

The third outcome measure reflected improvements in education and/or stable employment. As of June 30, 1998, 89 percent of all graduates were involved in education or GED preparation, including 25 percent who had completed high school or obtained their GEDs. In addition, 73 percent of all graduates had become employed, 56 percent of whom had obtained full-time employment following their participation in the program.

The provision of therapeutic alcohol and other drug abuse services for juvenile substance abusers is a benchmark identified in Governor Beasley's Health and Human Services Plan for 1998. *The Bridge* program has also benefited from collaborative efforts of the Department of Juvenile Justice in referring appropriate clients, as well as local substance abuse providers.

PROGRAM NAME	<i>Medicaid Utilization Review</i>
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DESCRIPTION

Prior authorization of alcohol and other drug abuse treatment services for the state's Medicaid-eligible population began July 1, 1997. Decisions regarding treatment admissions, length of stay and discharge are made based on the

American Society of Addiction Medicine's Patient Placement Criteria for Substance-Related Disorders and an assessment of each client's treatment needs.

PROGRAM COST

Utilization review was funded by a combination of state funds appropriated through the General Appropriations Act and Medicaid funds provided by the South Carolina Department of Health and Human Services.

\$154,137	State Appropriations
<u>165,118</u>	Other Federal
\$319,255	Total Program Cost

PROGRAM GOAL

To ensure each Medicaid client receives care appropriate to their individual needs through the utilization of nationally recognized best practice patient placement standards, experientially based professional judgment, and ongoing assessment of each client's treatment needs.

PROGRAM OBJECTIVES

- 1) To engage inpatient clients in the treatment process in a timely manner after discharge from inpatient care, especially discharges from hospitals.
- 2) To reduce the recidivism rate of clients served in an inpatient setting.

PERFORMANCE MEASURES

Performance was measured using FY97 data as the benchmark. Performance in accomplishing Objective 1 was measured by the number of days clients received follow-up services from a county alcohol and drug abuse authority during the 30-day period following discharge from inpatient care. In FY97, 286 or 22.86% of 1,251 inpatient stays were provided follow-up services during the 30-day period following discharge from inpatient care, as compared to 258 or 26.96% of 957 inpatient stays in FY98. This reflects a 17.94% increase in the provision of 30-day follow-up services.

Hospitalization is the highest level of care for those in need of alcohol and drug abuse treatment services. In FY97, 190 or 18.72% of 1,015 hospital stays were provided follow-up services during the 30-day period following discharge from inpatient care, as compared to 129 or 19.40% of 665 hospital stays in FY98. This reflects a 3.63% increase in the provision of 30-day follow-up services.

Coordination of care between the hospitals and the county alcohol and drug abuse authorities has been identified as an area of focus for performance improvement.

Performance in accomplishing Objective 2 was measured by the number of clients who were admitted two or more times for inpatient care. In FY97, 173 or 16.93% of 1,022 clients were admitted two or more times, as compared to 127 or 15.82% of 803 clients who were admitted two or more times during FY98. This equates to a 6.56% reduction in multiple admissions among clients served.

Note: Data is extracted from paid claims. Data for FY97 and FY98 are for the first nine months of each respective year. Due to delays in billing by some providers, year-end data for FY98 was not complete at the time of this report.

PROGRAM NAME *Detoxification Services*

DESCRIPTION

Three types of detoxification services are available in the state to assist individuals who are experiencing withdrawal from the physical effects of alcohol and other drugs. These include medically monitored inpatient, clinically managed residential (social) and ambulatory detoxification.

PROGRAM COST

Detoxification services were supported during FY98 by a combination of state appropriations through the General Appropriations Act and federal funds allocated to South Carolina through the SAPT Block Grant.

\$ 400,000	State Appropriations
<u>1,866,861</u>	Federal Block Grant
\$2,266,861	Total Program Cost

PROGRAM GOAL

To provide supervised physical withdrawal from alcohol and other drugs.

PROGRAM OBJECTIVE

To support an individual's motivation to remain in treatment and facilitate appropriate referrals to other components of the treatment system for aftercare.

PERFORMANCE MEASURES

During FY98, the county authorities delivered 18,786 days of detoxification services (*output*). Specifically, men received a total of 13,806 days of detoxification services, while women received 4,808 days. This represents a 13% increase in the number of detoxification days delivered to women since the previous year.

PROGRAM NAME *Adolescent Inpatient Treatment*

DESCRIPTION

Inpatient treatment services are available for adolescents ages 13 to 17 at the William J. McCord Adolescent Treatment Facility in Orangeburg. The most restrictive level of care, this inpatient treatment program is a short-term service for adolescents who need a structured, intensive treatment program in an inpatient setting to help facilitate their alcohol and other drug rehabilitation.

PROGRAM COST

Inpatient treatment services delivered during FY98 were supported entirely by federal funds allocated to South Carolina through the SAPT Block Grant.

\$500,353

Total Program Cost

PROGRAM GOAL

To provide a medically monitored environment for the delivery of treatment services to increase the adolescent's likelihood of recovery, reduce the risk of relapse, and facilitate a successful return to the community.

PROGRAM OBJECTIVES

- 1) To provide short-term medically monitored treatment in a highly structured environment for adolescents who need alcohol and other drug rehabilitative services.
- 2) To provide counseling services, including individual, group and family, on a regular basis to meet the specific treatment needs of each individual.
- 3) To provide a plan for continuing care to include referrals for follow-up treatment and involvement in self-help groups following discharge from inpatient care.

PERFORMANCE MEASURES

During FY98, 185 adolescents received a total of 3,607 days of inpatient treatment (*output*) through this program. This represents an increase in the number of adolescents served since the previous year of 46 percent. The average length of stay was 19.5 days (*efficiency*). This was accomplished with no additional FTEs since the previous year.

PROGRAM NAME

Treatment Services for Incarcerated Juvenile Offenders

DESCRIPTION

Through the Omega Therapeutic Community (OTC), the department provides a 36-bed residential treatment program for male juvenile offenders who have a history of alcohol and/or other drug problems. OTC offers an extensive array of residential treatment services, as well as offering access to continued care after the juveniles are released from DJJ. The program is an interagency collaborative effort funded by the South Carolina Department of Public Safety and operated by DAODAS.

PROGRAM COST

FY98 was the third year of federal funding from the U.S. Department of Justice as administered by the South Carolina Department of Public Safety. The Department of Juvenile Justice receives those funds and contracts with DAODAS to operate the Omega Therapeutic Community.

\$337,892

Total Program Cost

PROGRAM GOAL

To reduce recidivism among incarcerated male juvenile offenders who have a history of alcohol and other drug problems by providing a highly structured treatment environment during incarceration and continuing care upon discharge to facilitate a successful reintegration into society.

PROGRAM OBJECTIVES

- 1) To provide comprehensive, residential treatment in a highly structured environment for incarcerated male juvenile offenders who have a history of alcohol and other drug problems.
- 2) To provide the opportunity to learn to live an alcohol and drug free, violent free, and crime free lifestyle.
- 3) To provide a continuing care plan that includes the provision of aftercare treatment services.

PERFORMANCE MEASURES

During FY98, 37 juvenile offenders received services through this residential treatment program (*output*). The average length of stay increased from 107.83 days in FY97 to 219.85 days in FY98 (*efficiency*).

PROGRAM NAME *Residential Treatment*

DESCRIPTION

Residential services are available in selected locations of the state for individuals who need a structured living environment to assist the recovery process. Residential programs provide short-term therapeutic accommodations in a group setting for individuals who require this type of environment after a more intensive phase of treatment and before returning to independent life in the community.

Note: Residential services exclusively for women are treated as a separate program component listed infra under "Treatment Services for Women and Dependent Children."

PROGRAM COST

Residential services delivered in FY98 were supported entirely by federal funds allocated to South Carolina through the Substance Abuse Prevention and Treatment Block Grant.

\$159,194

Total Program Cost

Note: This total includes a \$30,000 grant to Rosewood House of Recovery, a private residential program in Greenville.

PROGRAM GOAL

To provide an environment for the delivery of treatment services that increase the individual's likelihood of recovery reduces the risk of relapse and facilitates a successful reentry into the community.

PROGRAM OBJECTIVES

- 1) To provide short-term therapeutic accommodations in a group setting to recovering individuals who need an interim placement following more intensive treatment and prior to returning home.
- 2) To provide counseling services in a residential setting to assist individuals in establishing a more solid program of recovery.
- 3) To provide intensive treatment through a comprehensive array of services, with particular emphasis on family participation.

PERFORMANCE MEASURES

During FY98, 42,216 days of residential services were delivered to adults; men received 20,213 days of residential care, while women received 21,874 days (*output*). Of the 21,874 days of residential services provided to women, 17,875 days were delivered in specialized women's programs and 3,999 were delivered through other residential programs operated by the county authorities.

PROGRAM NAME	<i>Outpatient Treatment -- Assertive Community Treatment (ACT)</i>
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DESCRIPTION

Developed as part of a demonstration project, Assertive Community Treatment (ACT) is available in Berkeley and Charleston counties for persons with severe and persistent substance. This highly specialized, intensive, multidisciplinary, mobile treatment team model provides a range of direct medical, psychosocial and rehabilitative services to identified persons who require frequent contact and intense supervision to maintain stable community living. Services are provided 365 days a year, 24 hours a day to persons who exhibit high utilization rates of detoxification, inpatient care, emergency room treatment and incarceration and who have poor prognosis for acceptance or retention in traditional facility-based treatment programs.

PROGRAM COST

During FY98, ACT service delivery and an ongoing project evaluation were supported by federal funds allocated to South Carolina through the Supplementary Security Income (SSI) Set Aside of the SAPT Block Grant.

\$337,115

Total Program Cost

PROGRAM GOALS

To provide a comprehensive array of in-home and community-based treatment services for individuals with severe addictive illness aimed at supporting community living and integration. The goals of ACT are to rapidly stabilize clients, reduce the frequency and severity of relapse episodes, reduce the total cost of disease management over time, improve quality of life and reduce social costs and contributions and the need for more costly and restrictive treatment.

PROGRAM OBJECTIVES

- 1) To provide clinically effective and cost-effective treatment to difficult-to-treat persons with severe disorders in home and community settings.
- 2) To demonstrate (a) a reduction in alcohol and drug use; (b) a reduction in utilization rates of mental health facilities, emergency services, corrections and detoxification programs; (c) an increase in stable independent housing; (d) an increase in employment; and (e) an increase in retention in and satisfaction with services.

PERFORMANCE MEASURES

The ACT program has only been operational since April of 1998. Evaluation will be forthcoming. However, the Berkeley ACT team has recorded one hospitalization since the onset of the program six months ago. Staff provided direct services to clients more than 75% of their time.

PROGRAM NAME *Dual Diagnosis Day Treatment Program (DDDTP)*

DESCRIPTION

DDDTP is designed for individuals who suffer from concurrent mental health and substance abuse disorders and are in need of more than traditional outpatient services. Keystone Substance Abuse Services (York County) and the Dorchester Alcohol and Drug Commission provided varying models of program services.

PROGRAM COST

Keystone Substance Abuse services solely funded their DDDTP in FY98, while the Dorchester County DDDTP was supported by federal funds allocated to South Carolina through the SAPT Block Grant.

\$30,490 Total Program Cost

PROGRAM GOALS

- 1) To create a single, progressive management program that focuses on both the mental health and addiction problems.
- 2) To use multi-agency team approaches at the community level for treatment planning and implementation.
- 3) To establish local centers with joint funding, staffing and operations.
- 4) To train caregivers to correctly assess and effectively treat dual diagnosis patients through a defined model of care.

PROGRAM OBJECTIVES

- 1) To reduce the individual's continued use of alcohol and other drugs.
- 2) To reduce criminal behavior.
- 3) To reduce high-risk sexual activity associated with sexually transmitted diseases.
- 4) To develop coping skills and other life skills that can help prevent relapse.

- 5) To develop support systems within the community to help sustain a stable and drug-free lifestyle.

PERFORMANCE MEASURES

During FY98, 14,723 hours of services were delivered to this special population (*output*).

Conclusion

The Department of Alcohol and Other Drug Abuse Services continues to be an agency in transition. Over the past three years, the agency has made great strides in providing alcohol and other drug abuse prevention, intervention and treatment services in a more efficient manner by implementing processes that seek to achieve accountability across programmatic and administrative operations. DAODAS has made great strides in providing leadership, implementing customer based processes, and program evaluation to better achieve our mission as set forth by the management team.

DAODAS will move through the new millennium following the new strategic plan to further address the needs of all South Carolinians.

Appendix A - Strategic Plan Outline

REASON FOR PLAN

- Previous strategic plan implemented from 1995-1998
- 85 percent of goals accomplished
- Healthcare and government operating environment has evolved significantly since mid-1995
- DAODAS began with a complete ground up planning effort for a new strategic plan to take us into the next millennium

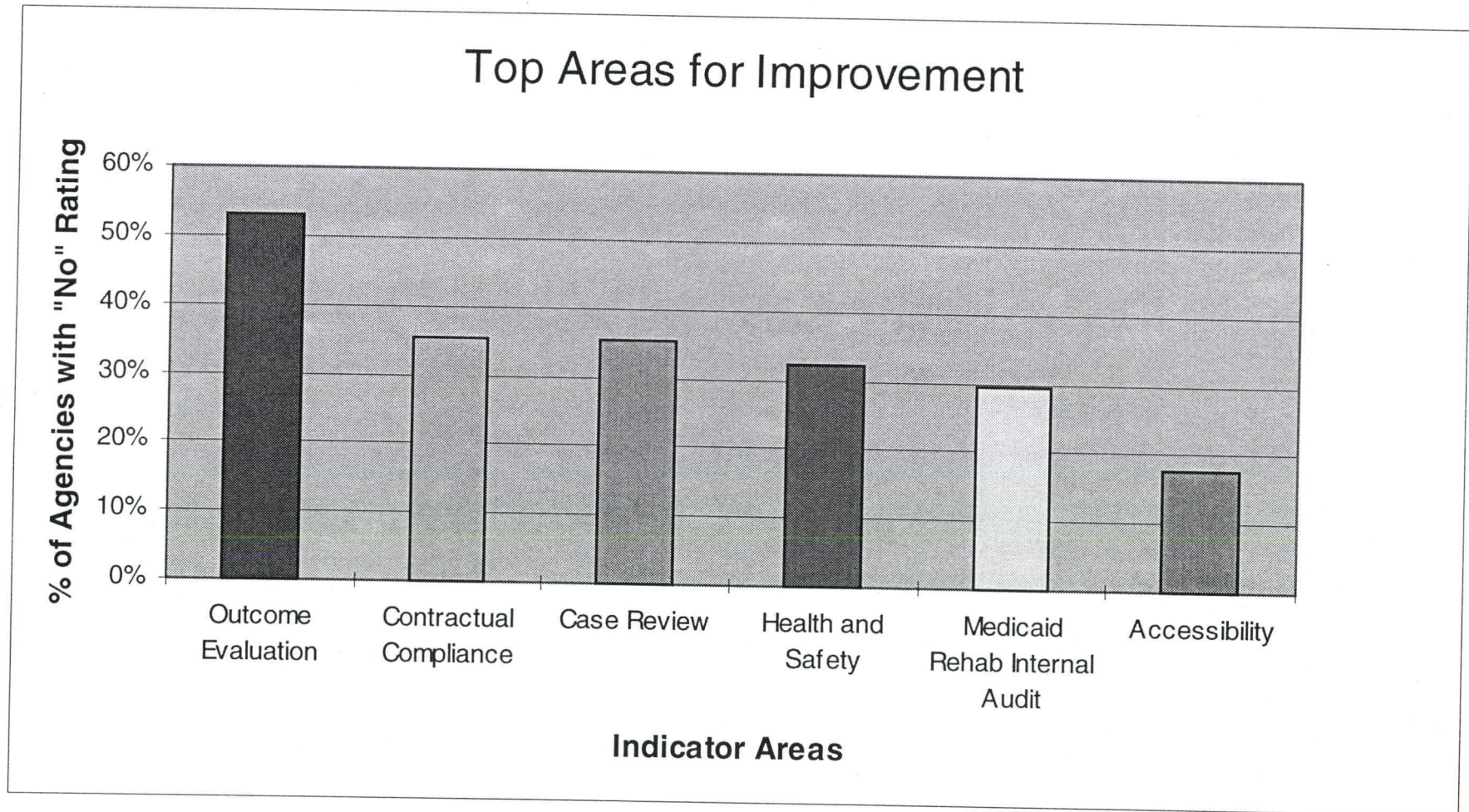
BRIEF SUMMARY OF PROCESS

- Significant management investment through three dedicated retreats
- Isolated strengths and areas for improvement of DAODAS and its provider system
- Identified opportunities and challenges in the operating environment
- Surveyed county alcohol and drug abuse authorities and select outside public and private alcohol and drug abuse treatment providers for input on major issues
- Conducted focus group with county alcohol and drug abuse authority directors for input
- Conducted two focus groups for DAODAS staff input on issues.
- Based on all these inputs, identified six critical issues and strategies to address them over the next several years
- Draft plan will be ready for public review in November 1998

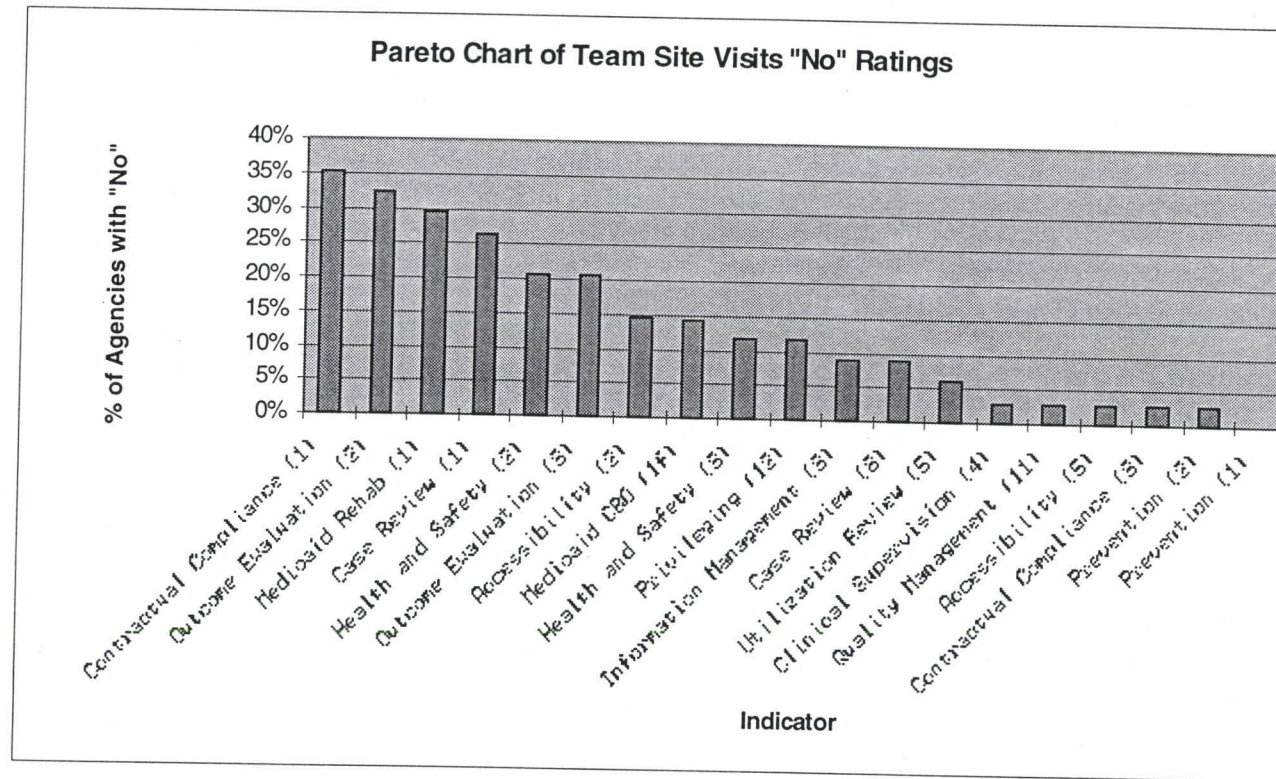
OUTLINE OF SIX CRITICAL ISSUES AND STRATEGIES TO BE PURSUED

1. Refine the alcohol, tobacco, and other drug (ATOD) continuum of care – from prevention through treatment services to continuously improve how we meet consumer needs.
2. Ensure funding adequacy for provision of continued services for indigent and working poor within South Carolina.
3. Perfect a reliable outcome measurement system to validate efficacy of ATOD services.
4. Recruit, train and retain qualified staff at the state and local level.
5. Advocate for those who are experiencing the consequences of substance abuse in their lives.
6. Address internal and external communication processes.

Appendix B – Consolidated Pareto Chart for FY97



Appendix B Continued - Improvement Needs by FY97 Indicators

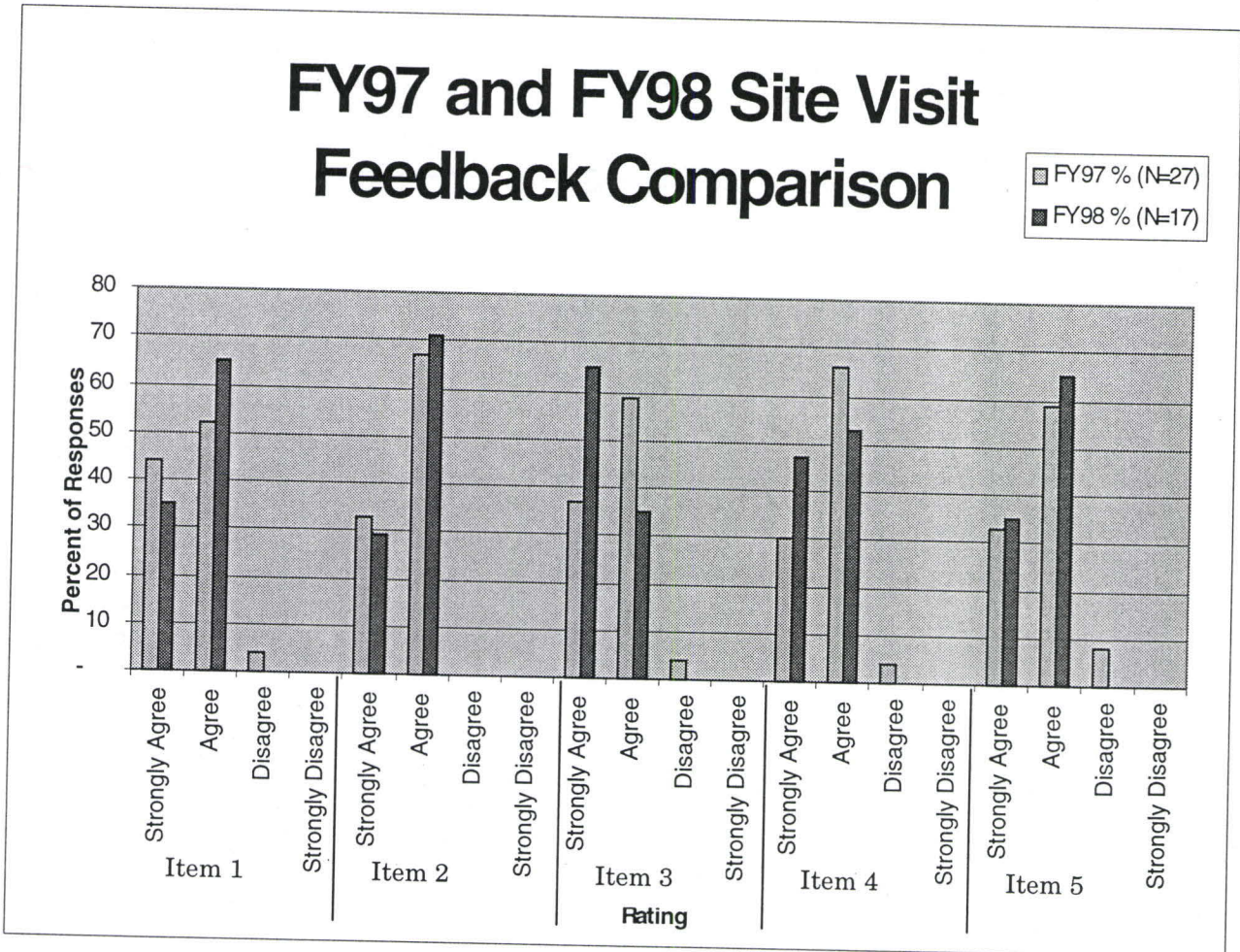


Appendix C

FY97 and FY98 Site Visit Customer Feedback Survey Comparison

<i>Item</i>	<i>Rating</i>	<i>FY97 % (N=27)</i>	<i>FY98 % (N=17)</i>
1. The team visit checklists are addressing the areas I believe are important and usefull to me at the local provider level.	Strongly Agree	44	35
	Agree	52	65
	Disagree	4	-
	Strongly Disagree	-	-
2. The team members were knowledgeable and provided useful information.	Strongly Agree	33	29
	Agree	67	71
	Disagree	-	-
	Strongly Disagree	-	-
3. The exit interview provided a forum for information exchange that was helpful to our staff.	Strongly Agree	37	65
	Agree	59	35
	Disagree	4	-
	Strongly Disagree	-	-
4. The written report elaborated on areas discussed at the exit interview in more detail that was helpful to our staff.	Strongly Agree	30	47
	Agree	66	53
	Disagree	4	-
	Strongly Disagree	-	-
5. I would recommend that these team site visits be continued in the future.	Strongly Agree	33	35
	Agree	59	65
	Disagree	8	-
	Strongly Disagree	-	-

Appendix C Continued
FY97 and FY98 Site Visit Customer Feedback Survey Comparison



Appendix D – Complaint Policy

Memorandum

October 1, 1998

SUBJECT: Complaint Policy and Procedure

ISSUED BY: Beverly Hamilton, Director

PROPONENT: Division of External Affairs

PURPOSE: This policy and procedure establishes a consistent method of handling consumer or customer complaints made to the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS).

POLICY: Written (signed) complaints involving a county alcohol and drug abuse authority or a DAODAS contract agency / organization may be investigated. Oral complaints may also be reviewed for possible investigation. Anonymous complaints will not be investigated. Disposition will be made following the procedures outlined herein. ADSAP complaints will be arbitrated by the ADSAP Coordinator. The Office of External Affairs will oversee this process. A complaint log with the following information will be maintained: number and types of complaints received, disposition, number of appeals (including their disposition), and the number of days to resolve the complaint.

DEFINITIONS:

For purposes of this policy and procedure, the following definitions apply:

- Coordinator: Deputy Director of External Affairs, or his or her designee.
- Complainant: Person or persons who have experienced or witnessed what they believe is to be an improper action, procedure or activity as a result of his or her association with a DAODAS contract agency / organization.
- Respondent: The individual(s), agency or organization against whom a complaint has been filed.
- Whistle Blowers Act: Employment protections for reports of violations of state or federal law or regulation. (Code of Laws of South Carolina 1976, as amended - Section 8-27-10 et.seq.)

Appendix D Continued – Complaint Policy

PROCEDURE:

1. Upon receipt of a complaint (written or oral), it is to be forwarded to Office of External Affairs for review. The Office of External Affairs will consider the following elements to determine whether an investigation is warranted:
 - Status (Emergency), i.e., criminal conduct, patient abuse or a violation of civil liberties. Status includes complaints filed pursuant to the "*Whistle Blowers Act of 1988*" and notification from other sources that include the State Auditors Office, the South Carolina Law Enforcement Division, the Department of Health and Environmental Control and other labor, licensing and regulation authorities.
 - Sensitivity Issues, i.e., is it a routine complaint that involves a inadequate programmatic or administrative practice versus a complaint against an individual derelict in his or her duty as a provider of alcohol and other drug abuse services using state or federal funding contracted through DAODAS?
 - Contract Oversight, i.e., What is the DAODAS authority to impose a resolution in each case?
2. Within 5 days of receipt of the complaint, the coordinator will inform the DAODAS management team of the complaint and the decision to investigate. The coordinator, in conjunction with the management team member whose program oversight most fits the complaint's nature, will determine appropriate staff to investigate said complaint. If the complaint alleges criminal activity, the appropriate law enforcement agency will be notified.
3. Within 5 days of receipt of the complaint, the coordinator will notify the complainant in writing that the complaint has been received and whether it will or will not be investigated by DAODAS. Reasons as to why the decision was made will be stated within the correspondence. DAODAS will attempt to offer the complainant recourse to resolve said complaint, if one exists outside the DAODAS realm of authority. Oral complainants will be notified by telephone and all actions noted within the complaint log.

Appendix D Continued – Complaint Policy

4. Within 5 days of receipt of the complaint, the coordinator will notify the respondent that a complaint has been filed and that DAODAS will be investigating said complaint.
5. Assigned staff member(s) will investigate the complaint. The investigation may consist of, but is not limited to, telephone or personal interviews with, and/or obtaining written statements from, the complainant, the respondent, and other witnesses who may corroborate said complaint. Personal interviews may be taped to ensure accuracy of reporting. In all instances involving a client or clients of a county alcohol and drug abuse authority, a properly executed release of information must be signed by the client or clients.
6. After information has been gathered, analyzed and a preliminary report written by the assigned staff member(s), the findings will be forwarded to the coordinator, who will in turn staff the issue with the DAODAS management team.
7. The DAODAS management team will reach agreement on the disposition of the complaint and issue a final report. This report will be prepared by the assigned staff member(s). The report may contain recommendations for further action, if any, such as referral to another agency. The final report will be forwarded to the coordinator.
8. The coordinator will notify in writing the complainant and the respondent of the results of the investigation no later than 30 days from receipt of the initial complaint. This notification will include the disposition decision as well as directives for correction.
9. The decision of the management team is final.
10. The Administrative Procedures Act is applicable if legal rights, duties, or privileges of a party are at issue.